FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000096111 (5)

SU-BE ENTERPRISES, INC.

Principal Place of Business	Mailing Address	. (491) 991 (15 15(19 91)) 491) 491) 491) 491) 491) 491) 49		
2911 29TH LANE LAKE WORTH FL 33463	2911 29TH LANE LAKE WORTH FL 33463-4268			
			3. Date Incorporated or Qualified 11/20/1996	3a. Date of Last Report
2. Principal Place of Business	28. Mailing Address 26 6428 La KC Word	th ved	4. FEI Number 0722836	Applied For Not Applicable
Suite, Ap1. #, etc.	Suite, Apt. #, etc. 27 Suite 1914		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	city & State 28 44Ke Worth Fla		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip Country 29 3 3463 30 Pa/m	Beach	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes \textstyle No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
ASPRELLI, SUSAN B 2911 29TH LANE LAKE WORTH FL 33463		Name		
		Street Addres	dress (P.O. Box Number is Not Acceptable)	
	83			
	84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations of the section of the secti	Florida. Such change was authorized by	the corporation		

Signature typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) DELETE Change Addition TITLE 1.1 TITLE ASPRELLI, SUSAN B NAME 1.2 NAME 2911 29TH LANE STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-S1-ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREE1 ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 DITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 \$TREFT ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block, 13 if changed, or on an attachment with an address.

SIGNATURE

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Anil 15 1997

FILED

May 08 1997 8:00am

Secretary of State